DOCUMENT RESUME

ED 178 917 CS 205 262

AUTHOR Press, Simone N.
TITLE Teaching Creative Writing in a Psychiatric Setting.
PUB DATE Nov 79
NOTE 9p.; Paper presented at the Annual Meeting of the Midwest Modern Language Association (21st, Indianapolis, IN, November 8-10, 1979)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Catharsis; *Creative Writing; Emotionally Disturbed; *Institutionalized Persons; *Poetry; *Psychiatric Services; Psychotherapy; *Therapy; Workshops
IDENTIFIERS *Poetry Therapy

ABSTRACT

This paper reports the results of creative writing workshops in various psychiatric hospitals that have demonstrated that individuals in psychiatric settings have particular needs, affinities, and receptivities to the means of self-expression and communication available through creative writing. The purgative effect of Emily Dickinson's poetry and suggestions for using it for cathartic purposes with patients undergoing psychiatric treatment are discussed. Samples of patients' writing are analyzed and the argument is made that creative artistic expression is attainable by seriously disturbed individuals in psychiatric settings and that this expression can lead to such therapeutic gains as increased self-awareness and insight, improved self-esteem, and a better ability to communicate. (AEA)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Simone N. Press
Associate Professor of English
Siena Heights College
Adrian, Michigan 49221

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Simone N. Press

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ED178917

CS205262

TEACHING CREATIVE WRITING IN A PSYCHIATRIC SETTING

"...Some cannot sing, but the orchard is full of birds, and we all can listen. What if we learn, ourselves, some day!"[1]

In this statement, written to her young cousin Louise Norcross in 1859, Emily Dickinson was expressing her great wish to be a writer, an artist who could move others and achieve power of expression which would accord her some vital identity and pleasure. It is also an apt expression of the human condition vis a vis creativity. She suggests three areas of concern in quick succession: (1) not all of us are skilled or able technicians; (2) we all have the capacity to hear, comprehend and respond to beauty, and (3) there is always the possibility of learning to create in some form (as writers, musicians, painters, dancers, etc.), if given the opportunity.

I have had the occasion, in the past several years, to run creative writing workshops in a number of various psychiatric hospitals through grants from the Michigan Council for the Arts. As a poet, I have participated in the Creative Writers in the schools Program and have found that the Poetry Residencies I undertook demonstrated that individuals in psychiatric settings have particular needs, affinities and receptivities to the means of self expression and communication available through creative writing.

Perhaps most striking is these people's gratification in being given the methods to very easily and immediately express concerns, emotions and experiences in a way that gives others pleasure and for which they feel rewarded. In this regard, Emily Dickinson is of special interest because:

> "She seems not only to have used her poetry for a cathartic purpose, but to have been aware that she was doing so and, in fact, to have seen this as a purpose of poetry. She viewed her poetry much as a psychoanalyst views the free association of his patient: both are elicited, with the same resistances and difficulties, for the purpose of cure. She discovered her own variant, as have other writers, of Anna O's 'talking cure.' Emily Dickinson is a good example both of the artist who uses poetry as therapy for himself and of the artist who does so, is aware of it, and consequently may be employed therapeutically for others."[2]

She herself recognized the purgative effect of her work. As one of her critics observed, "She outlived her psychological pain, not literally in the sense of resolving it,

but symbolically, in the sense of making the hurt universal."[3] Although there is some question as to whether the artist is ultimately happier because he has been able to universalize his personal grief, it is true that his expression can and has been used to aid the happiness of others who are less creative or able to articulate their interests. As Emily Dickinson demonstrates, talking about one's pain can give some relief, however temporary:[4]

"We -- tell a Hurt --
to cool it."[5]

I approach the teaching of patients undergoing psychiatric treatment much the same as I do the students I work with in the public schools and colleges or universities. It has been my experience that in spite of their hospitalized status or emotional difficulties, they are as amenable as anyone else to producing artistic work. In fact, in some cases, their writing has been more impressive, perhaps because they are in the midst of dealing with the issues which feed the sources of writing and creativity. It is possible that because of the heightened attention paid to their inner thoughts and feelings, they make a particularly receptive audience to a writing program. The poems and stories thus have the potential for constituting a direct expression of what they are struggling with.

What I do is set up or present exercises which stimulate imaginative activity which culminates in verbal expression (both oral and written). I read poetry, fables, short stories, newspaper articles for discussion and response. I bring in objects (paintings, statues, fruit, pieces of driftwood), pass them around and then have the students describe or invent stories about them. For example, one young eight year old boy on an inpatient ward responded in the following way to my invitation to describe a piece of driftwood I had found:

It has to go around the earth once to be driftwood.
Then it's a bird with one wing busted
and no eyes.
It has fur instead of feathers.
Someone hit it in the head
and that's why you found it.
Stones are coming out of its beak.
It sneezes stones.[6]

The opening line of this poem gives us the author's personal definition of what he considers driftwood to be, what its qualifications are. It is not only a lyrical statement, but attributes a great deal of trial and error, experience and age, to the making of a single piece of driftwood.

What we find next is a reversal of what we might expect. The poem begins with a beauty which might normally prepare us for a peaceful if not joyous account of the travels of

driftwood and the pleasurable sensations or memories on having come upon it unexpectedly at the beach. Instead, what we find is an immediate transformation of the wood into a "bird" which is injured again and again in many different ways.

It is perhaps in this way that we can begin to sense the differences and similarities between the average child and this hospitalized child. The bird is "crippled" in many ways; it has a "busted" wing, for example. This is the first sign that the driftwood has become a personal metaphor through which the author is relating his view of himself as damaged, his situation and his relationship to others. Instead of going around the earth once in order to be the happier, freer and wiser, the outcome (implicit in the "then") is devastation (the bird has "no eyes"..is blind, mutilated) and irregularity (the bird has "fur instead of feathers"). Everything is all wrong. Surely this would be how a child would feel upon finding himself as an inpatient in a psychiatric hospital instead of at home with his family like other "normal" children.

Leola Floren states in an article in The Detroit News:

> Though it still is not as highly esteemed as the couch in treating people with emotional or mental problems, poetry as a tool in therapy has gained some respect in the last few decades.[7]

It is possible that the reading of literature can help soothe troubled minds, and the writing of it can help heal them.

Jack Leedy, the founder and director of the Poetry Therapy Center in New York, has stated that the reading and writing of poetry has been helpful in treating emotional disorders:

> Poetry encourages patients to explore their feelings, to feel more deeply, to extend their emotional range and to discover patterns, also, of control and fulfillment... Poetry therapy helps patients to become more spontaneous and creative. Poetry is one of man's deepest expressions, and emotions are thereby released.[8]

Leedy's emphasis is on the release of emotion in the response to, or participation in, creativity. The degree to which it relieves suffering, moves or assists the patient is what is significant in poetry therapy (as in art, music, or dance therapy). Although I would certainly agree that there can be innumerable positive side effects, I generally stress, in my work in psychiatric hospitals or mental health clinics, the production of effective pieces of literature. I encourage and assist clients in the techniques of writing well (stressing originality, imagery, etc.); their writing is significant as art, not just because it may serve as an emotional safety valve.

My attention, therefore, is more on the structure of their work, its successful or unsuccessful means of expression,

choice of words, etc., much as it is with my own work or that of any established author I am studying or analyzing. I envision the poetry sessions I run as going "hand in hand" with treatment, but I am by no means a "therapist." I offer no cures.

Yet, people do talk about their central concerns in poetry, directly or indirectly. It's difficult not to draw conclusions sometimes. The following limerick is written by Sandra, an adolescent on an inpatient ward, a teenage girl in the full swing of puberty. The subject is sexual:

Lazy & Slow

"Nothing comes into my head,"
Says a woman named Big Red.
She loves the large suckers,
Gum dresses and dressers,
And prefers to sleep in her bed.[9]

People of all ages are able to express worries and feelings that they would be unable to discuss face to face with their therapist or anyone else.

Sandra starts off with the humorous, "Nothing comes into my head" (not an uncommon initial expereince for a patient in a therapy session). We know that it is difficult for nothing to come into a person's head. Big Red could personify any number of things: her hair, her size, menstruation and, of course, her sexuality. What the author indicates is that what she gravitates towards has little to do with her head, but more to do with her bed. By opposing the traditional rhythm and rhyme of the limerick and the internal "lazy and slow" speech and personality of Big Red, the author evokes our humor, our imaginative eye and underscores unexpectedly the thick sensuality of the poem.

We can see from this example that although poetry in itself is not always an antidote for mental problems, it can contribute a great deal to the therapist's insight and sharpen his tools of communication. In Sandra's case, her therapist could have "heard" her express some of her vital concerns and, if properly trained, could have discussed with her the various meanings and implications of "Big Red." As Richard D. Chessick states in "What Can Modern Psychotherapists Learn From Modern Poets?":

> The problems that Freud was struggling with around the turn of the century were not remote from some of the deepest concerns of Yeats. Freud attempted to study and report the pathological aspects of the unconscious in the classical cause-and-effect language of Newtonean science. Yeats invented a private system of symbols to communicate and investigate the same phenomena... In his efforts to illuminate the symbols of the unconscious, the psychiatrist's endeavors parallel the search of the poet. But the poet -- by lifting out the symbols of the unconscious, projecting their images, and translating their coded messages -- has a stronger voice than the psychiatrist in his interpretation of the powers that are inaccessible to conscious will.

Certainly, it can be said that there is a bond between the communications attempted by the poet and the therapist. Yet the one attempts to relieve suffering primarily while the other judges or is judged primarily aesthetically.

Not only do these seemingly unrelated disciplines hold common dynamics and goals, but Chessick concludes that there are significant rewards (for the psychotherapist) to be gained from the study of poetry: "(1) a deepening of his understanding of the problems of communication; (2) a chance to witness the poets' extreme sensitivity to individual feelings and to the human condition; (3) a comparison of their philosophy of life with his; and (4) an opportunity to experience communication in words carried to their most brilliant and highly developed extreme."[11] As a case in point, the poetry of Yeats, Chessick finds, stands as a majestic counterpart to Freud's conception of the human mind attempting to free itself by looking into itself.[12]

It has been my experience that creative artistic expression is attainable by seriously disturbed individuals in psychiatric settings and that this expression has led to such therapeutic gains as increased self-awareness and insight, improved self-esteem and a better ability to communicate. Ideally, it would be valuable to provide a creative arts program a central place in a total treatment and educational program. The artists would work not only with the patients but with therapists, supervisors, parent workers and ward staff, thus gaining greater understanding of the patients and their environment as well as becoming more fully involved in the total milieux, rather than remaining on the fringes.

As a poet and teacher, I have found that in selected populations in psychiatric settings, I can facilitate the production of writing that is valuable as "art" (mostly poetry thus far but, of course, these findings could be extended to all branches of the arts: drama, film, music, dance, painting, etc.). I have been impressed with the function of real direct involvement in art as an ingredient in the therapeutic milieux: "real direct involvement" as opposed to art, music, or dance therapy, not that those disciplines aren't important in their own right, but it is significant the gains that can take place when the discipline is art and not therapy. Immersion in the experience of creating art is one that need not threaten a groping sense of wholeness. On the contrary, I tend to support the patients' sense of specialness and to allow them to feel some supportive community with the "community" of artists -- out there, somewhere, but represented by the real person of the artist who is working with them:

> "That the artists identify themselves as artists is important -- both to the patient and to the artist. Here is a person who conceives of himself as an artist, not as a therapist... a person who represents a world valid out there on its own universal terms, not as a person who

> can be construed as someone there to fix the patient. What we hope to give the patients is the tool of creative artistic expression which they can use to their own ends. The artistic workshops and the like do not get into validation or invalidation of their personal experiences (they will not be interpreted or diagnosed); rather, the workshops provide form and techniques for capturing personal experiences."[13]

In other words, the artist/teacher offers the patients a chance to create work which is self-defining, and defining in that impersonal but quintessentially human world of art.

To summarize, in what ways can poetry be "helpful" for the writer and in what ways is it significant primarily as "art?" Dickinson herself believed that creativity was a response to psychic pain:

> To draw an analogy, the poem is to an injury as the pearl is to a grain of sand in an oyster:... There is an irritant present the discomfort of which must be mollified with whatever materials are at hand. The oyster and the artist alike create beauty where before there was ugliness and pain -- but create out of necessity and in self-defense.[14]

Jack J. Leedy reminds us in his introduction to Poetry the Healer that although Plato excluded the poet from his republic because of his "irrationality," Aristotle rated the poet high as physician to the psyche and that in his Poetics he emphasized that poetic drama could be a powerful aid not only in purging suppressed or undesirable feelings but also as an invaluable means of developing insight.[15]

I discovered one of my ideas for a writing exercise some time ago when reading Emily Dickinson's poetry. In Poem No. 441, she referred to her poems as "letters to the world."[16] I often invite students to write their own, explicit letters to the world. On one occasion, while working on a Day Treatment Program, we were outside at a park near a river. We had collected bottles and I had instructed them to write "a letter to the world," something they would like to say to the lucky stranger that might eventually find the bottles containing their messages. One five year old wrote a note which aptly defines the special power that he felt the writing exercise had given him, the strength and freedom that art can provide for those who engage in it:

> Bottle Letter
>
> Mrs. Press,
>
> I move knots by magic
> again and again.
>
> Love,
>
> Charlie[17]

He handed me the bottle and asked me to toss it in the river.

FOOTNOTES

1. Emily Dickinson, The Letters, ed. Thomas H. Johnson and Theodora Ward (Cambridge, Mass: Harvard University Press, 1958), p. 199.

2. Cynthia Chaliff, Ph.D., "Emily Dickinson and Poetry Therapy: the Art of Peace," in Poetry the Healer, ed. Jack J. Leedy, M.D. (Philadelphia: J. B. Lippincott Co., 1973), p. 25.

3. Clark Griffith, The Long Shadow: Emily Dickinson's Tragic Poetry (Princeton: Princeton University Press, 1961), p. 299.

4. Chaliff, p. 25.

5. Emily Dickinson, The Poems, ed. Thomas H. Johnson, 3 vols. (Cambridge, Mass.: Harvard University Press, 1963), p. 554.

6. Eddie A., "Driftwood," Children's Psychiatric Hospital Inpatient School, University of Michigan Hospital, May, 1976.

7. Leola Floren, "Poetry: Therapy with a Pen," The Detroit News, April 27, 1979, p. 10.

8. Jack Leedy, "Principles of Poetry Therapy," Poetry Therapy (Philadelphia: J. B. Lippincott Co., 1969), p. 70.

9. Sandra B., "Lazy & Slow," Neuropsychiatric Institute Inpatient School, University of Michigan Hospital, April, 1978.

10. Richard D. Chessick, M.D., Ph.D., "What Can Modern Psychotherapists Learn from Modern Poets?", Current Concepts in Psychiatry, December, 1978, p. 2.

11. Ibid., p. 3.

12. Ibid., p. 4.

13. Emmanual Schreiber, Ph.D. (Dept. of Psychiatry, University of Michigan), "1980 Confined Audiences Grant Application," Attachment 2, Michigan Council for the Arts Form, Sec. 111-5: "Creative Artistic Expression and the Treatment of Seriously Disturbed Adolescents," March 16, 1979.

14. Chaliff, p. 27.

15. Jack J. Leedy, M.D., Poetry the Healer (Philadelphia: J. B. Lippincott Co., 1973), p. xix.

16. Emily Dickinson, The Poems of Emily Dickinson, Vol. I, ed. Thomas H. Johnson (Cambridge, Mass.: Belknap Press, 1955), "This is my letter to the World", Poem No. 441, p. 340

17. Charlie C., "Bottle Letter," Child Analytic Study Program, Children's Psychiatric Hospital, University of Michigan, July, 1977.